

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41970

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>10668</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (In this place) <b>26 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2119</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>3688 Finney Ave.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Alfred</b>		b. (Middle) _____		c. (Last) <b>Ball</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 11 1950</b>	
5. SEX <b>M</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>12-7-1880</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Days _____		IF UNDER 1 YEAR Hours _____		IF UNDER 1 YEAR Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABOR</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Abbie Ball</b>		14. NAME OF HUSBAND OR WIFE <b>Celeste Ball</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>499-88-488</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mary C. Hadden</b> ADDRESS <b>3688 Finney</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thrombosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>	
		ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <b>Undetermined</b>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Undetermined</b>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>332X</b>			
22. I hereby certify that I attended the deceased from <b>11-26</b> , 19 <b>50</b> , to <b>12-11</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-11</b> , 19 <b>50</b> , and that death occurred at <b>9:50a</b> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Alvin Thompson, M.D.</b>				23b. ADDRESS <b>2601 N Whittier</b>		23c. DATE SIGNED <b>12-11-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>12-16-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>	
DATE REC'D BY LOCAL REG. <b>DEC 14 1950</b>		REGISTRAR'S SIGNATURE <b>J. B. Laster</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Allen Bailey</b> ADDRESS <b>3506 Franklin</b>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

X.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**Notes:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.